

NN

Vol M99 Page 32636



STATE OF OREGON,

County of \_\_\_\_\_ } ss.

I certify that the within instrument was received for recording on \_\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_\_ M., and recorded in book/reel/volume No. \_\_\_\_\_ on page \_\_\_\_\_ and/or as fee/file/instrument/microfilm/reception No. \_\_\_\_\_, Records of this County.

Witness my hand and seal of County affixed.

NAME

TITLE

By \_\_\_\_\_, Deputy

SPACE RESERVED  
FOR  
RECORDER'S USE

Jack Adams

29520 Highway 97 N

Chiloquin, OR 97624

First Party's Name and Address

Jean E. Adams

29520 Highway 97 N

Chiloquin, OR 97624

Second Party's Name and Address

After recording, return to (Name, Address, Zip):

Aspell, Della-Rose &amp; Richard

122 S. 5th Street

Klamath Falls, OR 97601

Until requested otherwise, send all tax statements to (Name, Address, Zip):

Jean E. Adams

29520 Highway 97 N

Chiloquin, OR 97624

## PERSONAL REPRESENTATIVE'S DEED

THIS INDENTURE dated August 9th 1999, by and between Jean E. Adams the duly appointed, qualified and acting personal representative of the estate of Jack F. Adams and Jean E. Adams, Individually hereinafter called the second party; WITNESSETH:

For value received and the consideration hereinafter stated, the first party has granted, bargained, sold and conveyed, and by these presents does grant, bargain, sell and convey unto the second party and second party's heirs, successors and assigns all the estate, right and interest of the estate of the deceased, whether acquired by operation of the law or otherwise, in that certain real property situated in the County of Klamath, State of Oregon, described as follows, to-wit:

All that portion of Lots 17 and 24 lying Westerly of the right of way of the Dalles-California Highway and Easterly of the Southern Pacific Railroad right-of-way, less the Northerly 60 feet, situated in Section 33, Township 35 South, Range 7 East of the Willamette Meridain, Klamath County, Oregon. SAVING AND EXCEPTING therefrom the following: Starting at the East quarter section corner of said Section 33; thence South 0 degrees 28'45" West along the East line of said Section 1,314.0 feet to the Southeast corner of the Northeast Quarter of the Southeast Quarter of said Section, being also the Southeast corner of Lot 24 of said section and being also 14.69 feet distant Easterly from (when measured at right angles to) the relocated center line of the Dalles-California Highway at Engineer's Station 1137+25.9; thence South 89 degrees 54'15" West along the South boundary of said Lot 24 a distance of 65.63 feet to the West right-of-way line of said highway and the true beginning point of this description; being also 50 feet distant Westerly from (when measured at right angles to engineer's station 1137+37.0; thence from said true beginning point South 89 degrees 54'15" West 234.0 feet to the Easterly right-of-way line of the Southern Pacific Railroad; thence North 10 degrees 16'23" West along said R.R. line 550 feet, more or less, thence North 89

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE)

TO HAVE AND TO HOLD the same unto the second party, and second party's heirs, successors-in-interest and assigns forever.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ 0. However, the actual consideration consists of or includes other property or value given or promised which is ☐ part of the ☒ the whole (indicate which) consideration. (The sentence between the symbols <sup>o</sup>, if not applicable, should be deleted. See ORS 93.030.)

IN WITNESS WHEREOF, the first party has executed this instrument; if first party is a corporation, it has caused its name to be signed and its seal, if any, affixed by an officer or other person duly authorized to do so by order of its board of directors.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.

Jean E. Adams

Personal Representative

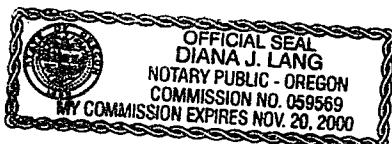
STATE OF OREGON, County of Klamath ss.This instrument was acknowledged before me on August 17, 1999by Jean E. Adams

This instrument was acknowledged before me on \_\_\_\_\_

by \_\_\_\_\_

as \_\_\_\_\_

of \_\_\_\_\_



Diana J. Lang  
Notary Public for Oregon  
My commission expires 11/20/2000

305

degrees 54'15" East 236.6 feey to the Westerly right-of-way line of the said highway;thence South 9 degrees 32' East along said right-of-way line 548.0 feet, more or less, to the true point of beginning.

ALSO EXCEPTING therefrom any portion thereof lying within the right-of-way of the Southern Pacific Railroad.

State of Oregon, County of Klamath  
Recorded 8/12/99, at 3:46 p. m.  
In Vol. M99 Page 32636  
**Linda Smith,**  
County Clerk Fee\$ 35 - KL

541-383055

86

Msa.

Days

Hours

Msa.

South Dakota

November 21, 1912

## DECEDENT

8. WAS DECEDENT EVER IN U.S. ARMED FORCES?

☐ Yes ☒ No

HOSPITAL

☐ Inpatient☐ Outpatient☐ DCA

9a. PLACE OF DEATH (Check only one)

OTHER

☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number)

4031 Mack

9c. CITY, TOWN, OR LOCATION OF DEATH

Klamath Falls

9d. COUNTY OF DEATH

Klamath

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)

Server

10b. KIND OF BUSINESS/INDUSTRY

Food Preparation

11. MARITAL STATUS - Married

Never Married, Widowed, Divorced (Specify)

Widowed

12. SPOUSE (If Married, Widowed)

Chris Lobben

13a. RESIDENCE - STATE

Oregon

13b. COUNTY

Klamath

13c. CITY, TOWN OR LOCATION

Klamath Falls

13d. STREET AND NUMBER

4031 Mack St.

13e. INSIDE CITY LIMITS?

☐ Yes ☒ No

13f. ZIP CODE

97603

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)

☒ No ☐ Yes

15. RACE American Indian, Black, White, etc. (Specify)

White

16. DECEDENT'S EDUCATION (Specify only highest grade completed)

Elementary/Secondary (0-12) College (1-4 or 5+)

8

## PARENTS

17. FATHER - NAME first middle last

William Casey

18. MOTHER - NAME first middle maiden

Hattie Sprague

19. INFORMANT - NAME and relationship to deceased

Joyce Miller - daughter

## DISPOSITION

20a. METHOD OF DISPOSITION ☐ Mausoleum☐ Burial ☒ Cremation ☐ Removal from State☐ Donation ☐ Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)

Eternal Hills Crematory

20c. LOCATION - City or Town, State

Klamath Falls, Oregon

## REGISTRAR

21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH

*John S. Simonson*

21b. OREGON LICENSE NO. (Of Licensee)

1613

22. NAME, ADDRESS AND ZIP OF FACILITY

Eternal Hills Funeral Home  
4711 Hwy. 39, Klamath Fall, OR. 97603

## REGISTRAR

23. DATE FILED (Month, Day, Year)

AUG 0 2 1999

24. REGISTRAR'S SIGNATURE

*Evelyn Simonson*

RESERVED FOR REGISTRAR'S USE

## CERTIFIER

## TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH

7:36P

28. WAS MEDICAL EXAMINER NOTIFIED?

☐ Yes ☒ No

29. To the best of my knowledge, death occurred at the time, date, place and during the cause(s) and manner stated:

*David Panossian*

30. DATE SIGNED (Month, Day, Year)

July 29, 1999

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)

David Panossian MD., 2628 Campus Dr., Klamath Falls, OR. 97601

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE

CAUSE OF DEATH

36. PART I

(a) *Cardiomyopathy*  
DUE TO, OR AS A CONSEQUENCE OF:(b) *congestive heart failure*  
DUE TO, OR AS A CONSEQUENCE OF:(c) *COPD*

PART II OTHER SIGNIFICANT CONDITIONS -

Conditions contributing to death but not resulting in the underlying cause given in PART I.

37. Did tobacco use contribute to the death?

☒ Yes ☐ Probably ☐ No ☐ Unknown

38. AUTOPSY

☐ Yes ☒ No

39. If YES, were findings considered in determining cause of death?

☐ Yes ☐ No ☒ N/A

40. MANNER OF DEATH

☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Legal Intervention ☐ Homicide ☐ Other

41a. DATE OF INJURY (Month, Day, Year)

41b. TIME OF INJURY

41c. INJURY AT WORK?

☐ Yes ☒ No

41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)

41d. DESCRIBE HOW INJURY OCCURRED

41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

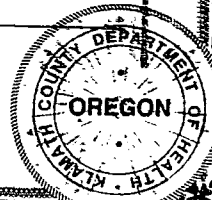
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

1500  
DATE ISSUED: *Revised*

AUG 0 5 1999

THIS COPY NOT VALID WITHOUT NATURAL STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EVELYN SIMONSON  
COUNTY REGISTRAR  
KLAMATH COUNTY OREGON

32639

State of Oregon, County of Klamath  
Recorded 8/13/99, at 8:34 a m.  
In Vol. M99 Page 32638  
**Linda Smith,**  
County Clerk      Fee \$ 15 <sup>12</sup>

030526